

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AD FILED		ADDITIONAL AMENDMENT		ADDITIONAL AMENDMENT			DND		DEP	
	DND	DEP	DND	DEP	DND	DEP		DND	DEP	DND	DEP
1							51				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				